

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation League of Conservation Voters, Inc.		3. FEC Identification Number C C90005786
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1920 L St NW Suite 800		
(c) City, State and ZIP Code Washington DC 20036-		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

/ /

THROUGH

/ /

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Patrick Collins	<i>Patrick Collins</i>	08/17/2012

[Electronically Filed]

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

League of Conservation Voters, Inc.

Full Name (Last, First, Middle Initial) of Payee Freestone Communications		Date 08 / 06 / 2012
Mailing Address 231 South Bemiston Suite1210		Amount 2799.90 Transaction ID : ACF5DA42D7B244F799AC
City St. Louis	State MO	
Purpose of Expenditure Phone List Test	Category/ Type	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: George Allen		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2799.90		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee League of Conservation Voters, Inc.		Date 08 / 16 / 2012
Mailing Address 1920 L Street, NW Ste 800		Amount 8.57 Transaction ID : A89FAC0DC90234C0CADC
City Washington	State DC	
Purpose of Expenditure Staff Time for Press Release	Category/ Type	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: George Allen		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 615990.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies		Date 08 / 16 / 2012
Mailing Address 1010 Wisconsin Avenue, NW Suite 800		Amount 598855.00 Transaction ID : AFD82113BDE284C58BCC
City Washington	State DC	
Purpose of Expenditure TV Ad Buy	Category/ Type	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: George Allen		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 615990.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	601663.47
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

League of Conservation Voters, Inc.

Full Name (Last, First, Middle Initial) of Payee Ralston Lapp Media		Date MM / DD / YYYY 08 / 16 / 2012
Mailing Address 1054 31st Street Suite 430		Amount 14326.80
City Washington	State DC	
Purpose of Expenditure ESTIMATE: TV Ad Production		Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: George Allen		Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		615990.27
		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : A069F05862FDC4ED9AF4

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		MM / DD / YYYY
City	State	Zip Code
Purpose of Expenditure		Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		MM / DD / YYYY
City	State	Zip Code
Purpose of Expenditure		Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	14326.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	▶	615990.27